

Employee/Patient Checklist - Covid-19

(Pg. 1 & 2 of this document are to be completed at initial visit or upon return to work. To be updated if daily check-in shows any flags of concern.)

Name: _____ Date: _____

No. of people residing in home: _____

1 Have you been following social distancing guidelines and precautions as recommended by the CDC and IDPH? (eg., Face coverings while shopping, avoiding crowds of more than ten, maintaining 6 feet of distance when possible.)

Yes No

2 Have you met with any persons who are serving isolation order, quarantine order, leave of absence (LOA) or Stay at Home Notice from medical professionals?

Yes No

If Yes: Relationship with Person: _____

Period of Order/ notice: _____

Date of Meeting: _____

Precautions Taken: _____

3 Have you met with any person/s who have had a suspected or confirmed case of COVID-19? Yes No

If Yes: Date of meeting: _____

Precautions Taken: _____

4 Do you or anyone in your house have any of the following symptoms: runny nose (other than allergies), cough, sore throat, difficulty breathing (due to infection), conjunctivitis (pink eye), fever of 100° or higher Yes No

If Yes, reschedule therapy.

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By signing, I declare that the information which I have provided above is true to the best of my knowledge. I also declare that:

- a. I have completed the training and read Child's Nature's policy regarding COVID-19 Protocols.
- b. I will report any close contact or positive COVID-19 diagnosis in strict confidence to Carrie Kerr.
- c. I will notify my therapist if I or any family members have a fever of 100° or higher or show signs of cold or flu-like symptoms.
- d. I understand that that participation of in-person therapy presents risks to me and my child, personally, due to the existence of the COVID-19 pandemic, which is ongoing in the United States. These risks can include infection with the virus, illness and death. I agree that I am responsible for evaluating and understanding the risks I may face engaging in in-person therapy.
- e. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, and hold harmless Child's Nature, LLC from any and all liability, loss, damage, or expense, including attorneys' fees, that arise out of, occur during, or are in any way connected with my participation of in-person therapy services.

Name:

Signature:

Date:

